

Commission Meetings

The Commission arranged presentations and discussions at Commission meetings on several key areas and topics of concern to the Commission. Through information gathered from these meetings, the Commission has purposefully examined the implementation of new projects, questioned outcomes of new and old programs, encouraged collaborations, brought the children and families' point of view to light, enabled the public/private sector players to understand each other's point of view, and gained invaluable knowledge to better represent your Board and the County child welfare system on various collaborative bodies.

July 8, 2013

Presentation: DCFS on Wraparound Services.

Presented by: Jonathan Byers, DCFS Division Chief, High Risk Services, Jennifer Hottenroth, DCFS Assistant Division Chief, High Risk Services, Gregory Lecklitner, DMH Clinical District Chief, Child Welfare Division

Subject: Wrap funding model; Wraparound Program Redesign; contracts due to expire in 2014. Process established to identify at-risk youth.

- The Wraparound Program (Wraparound is a multi-agency program that includes the Departments of Children and Family Services (DCFS), Mental Health (DMH), and Probation (Probation))
- It reports outstanding outcomes i.e. no substantiated referrals while in program (95%) or six (6) months after graduation (98%); decrease in group home and out of home placement post-graduation; education at or above grade level; and better school attendance (80%).
- Tremendous need exists among at-risk families (disruptive disorders found in 33%; mood disorders found in 33%)
- However, hundreds of available slots remain unfilled
- Court referrals are declining.
- Most of focus is on older youth though great needs exist with younger youth as well
- The lack of Wraparound referrals from both DCFS and Probation has been a significant on-going issue preventing the program from reaching the capacity that is desired by the County
- Wraparound referrals previously increased when referrals were being regularly monitored as one of the Department's MAPP goals for the Regional Offices.
- DCFS has Wraparound referrals as a MAPP goal once again
- Wraparound needs to be covered in the DCFS CSW training academy so that the program is promoted on the front end for new CSWs.

- Department of Mental Health and DCFS are attempting to incorporate more mental health services in the wraparound program

July 22, 2013

Presentation: County's Development and Monitoring of Contracts: Department of Children and Family Services; Department of Auditor-Controller; Chief Executive Office; Probation Department; and Office of County Counsel

Presented by: Eric Marts, Deputy Director, Contract Services, DCFS; Karen Richardson, Division Chief, Out-Of-Home Care Management, DCFS; Don Chadwick, Division Chief, Contract Monitoring Division, Auditor-Controller; Aggie Alonso, Chief Accountant Auditor, A-C Contract Monitoring Division; Lisa Campbell-Morton, Probation Department; and Michelle Day, Children's Group Home Ombudsman, Auditor-Controller

Subject: Discussion of improvements in compliance-based contract monitoring. (The Department intends to move more in the future to performance-based contracting. See December 2, 2013 presentation by Jacquelyn McCroskey on Performance Based Contract focus on outputs, quality, and outcomes of services as opposed to specific contract compliance review.)

- Auditor-Controller's audit of DCFS in 2012 at the request of the Board of Supervisors called for centralization and standardization of contract management
- There were concerns about fiscal management, viability issues and programmatic output
- A newly established Contract Services Bureau in DCFS combines programs and contracts allowing better collaboration
- Auditor-Controller does fiscal reviews (bookkeeper turnover is high, sometime the source of fiscal problems)
- Michelle Day of the Auditor-Controller Ombudsman's Office conducts unannounced visits for compliance -driven calls into the hotline.
- DCFS holds 440 contracts, worth \$500 million dollars annually; they review 51 FFAs, 60 Group homes, 16 Emergency Shelters
- Centralized contract monitoring helps identify and target training needs, and inter-departmental standardization
- Probation has 900 to 1000 youth in group homes
- Staff to do compliance reviews include seven for FFA monitors; seven for group home monitors, one for emergency shelter monitors; and four CSWS to do 546 foster home re-evaluations

August 5, 2013

Presentation: Evidence-Based Programs
Presented by: Tiffani Morton, LMFT, Clinical Director, For The Child Parent-Child Interaction Therapy (PCIT) Reflective Parenting; Cynthia Thompson-Randle, Ph.D., Vice President, Leadership Center, Children's Institute, Inc.; Incredible Years Parenting Program (IY); and Child Parent Psychotherapy (CPP)
Subject: Evidence-Based Programs

Reflective Parenting:

- Addresses to how children learn to relate to other people and how they perceive their environment.
- Reflective Capacity is the parent's ability to think about their own thoughts and feelings as they relate to their children and to consider the thoughts and feelings of their children.
- RPP is a ten-week parenting training that focuses on topics such as temperament, separation, security, discipline, anger, and playing with one's own children. The curriculum is divided into different age groups; 0-3, 3-5, and 6-12 years of age and separated into groups for biological and foster parents.

Parent-Child Interaction (PCIT)

- PCIT is conducted with a therapist observing the interaction from the other side of a one-way mirror. The therapist coaches the parent and helps them make course corrections and practice relationship enhancement and discipline skills.
- The early part of PCIT is focused on helping the child feel good about being with his/her parent. Praise is a major component of the training.
- The second part of PCIT provides the parent new methods of disciplining their child.
- PCIT is very empowering for mothers that have experienced domestic violence; it gives them more control which helps the child feel more secure.
- PCIT also works well with foster parents who have children with difficult behaviors. Through PCIT, the foster parent is able to have a better relationship with the child which results in a more stable placement for the child.
- PCIT has proven effective across different racial and ethnic groups.
- The Children's Institute, Inc. (CII) uses PCIT, RPP, Incredible Years Parenting Program (IY), and Child Parent Psychotherapy (CPP) as a forms of intervention. These models have been very successful

with children 0-5 years of age. IY may also be used to fulfill the 20-week parenting classes mandated by DCFS.

Incredible Years Parenting Program (IY)

- IY is a cognitive behavioral group therapy that is well supported by research and listed on The National Registry of Evidence-based Programs and Practices.
- Longitudinal studies found that IY reduces school drop-out rates, increases academic performance and reduces youth conduct disorders as well as drug and alcohol problems.
- IY is used for treatment of child aggressive behavior problems and Attention Deficit Hyperactivity Disorder
- There are three different age specific programs; birth to 12 months (Baby), 1-3 (Toddlers), and 4-6 (Pre-school) years of age. The curriculum is culturally diverse and is conducted in English and Spanish languages.
- The Baby Program focuses on teaching parents to learn and observe their babies' cues and is very effective with mothers suffering from post-partum depression, teen moms, and foster parents.
- The Toddler Program uses methods very similar to PCIT in using praise and incentives to promote positive relationships.
- The Dina Dinosaur School is for children ages 4-8 with hyperactive, disruptive or with temper tantrum behaviors. The children are taught social and problem solving skills using puppets. The skills taught are parallel to the parents training so that the child and parent are dealing with the same issues. Conducting this training simultaneously works very well.
- Outcomes of IY include a reduction in parent stress and acting out behaviors in children. However, some of the challenges IY faces include the high costs of materials and puppets and staff training.,

Child-Parent Psychotherapy (CPP)

- CPP is an intervention for children from birth through age 5 who have experienced at least one traumatic event and is the best practice for trauma treatment for young children.
- The treatment is dyadic, and supported by research showing a correlation between the parent's response to trauma and how the child reacts.
- CPP focuses on strengthening the relationship between a child and parent or caregiver as a means of restoring the child's sense of safety, attachment, and improving the child's cognitive, behavioral, and social functioning that were impacted by the trauma.
- CPP helps the parent understand the meaning behind the child's behavior and that such behavior is a response to the trauma experienced.

- The parent and child create a trauma narrative together and with the help of the therapist, the parent is better able to understand where the child is at developmentally.
- The primary source of referrals to IY and CPP come from DCFS.
- CPP looks at multigenerational parenting and the parent or child's experience of trauma.
- Outcomes of CPP include a reduction of trauma-related symptoms and disruptive behavior in children. Some challenges of CPP include the length of time of the Program. Since CPP is a 50-week Program it is important that there is consistent engagement in order to prevent parents from dropping out. Additionally, implementation of this model requires a great deal of training for staff.

In response to questions posed by the Commission, the presenters responded with the following:

- Ms. Morton stated that the costs of RPP training for staff is approximately, \$500 per clinician. PCIT has a high initial cost due to the costs associated with setting up an observation room.
- The costs of CPP is billed through Medi-Cal treatment services for reimbursements. Grants are available for those who are not eligible for Medi-Cal and unable to afford services. Funding from Mental Health Services Act (MHSA) is facilitated through the contract with DMH.
- Bryan Mershon, Ph.D., Deputy Director, Children's System of Care, DMH clarified that DMH has paid for most of the staff training through MHSA funding. Additionally, the First 5 LA grant covers the cost of PCIT. Agencies also receive annual funding through Prevention and Early Intervention (PEI)
- The DMH specialized co-located staff in the DCFS offices are a resource for the CSWs in terms of determining which EBP best fits the child's needs. DMH will report back to the Commission in regards to statistics on the number of referrals received from DCFS on a monthly basis and the number of programs servicing these referrals.
- Sam Chan, Ph.D., District Chief, Children's System of Care, DMH added that the implementation is done with cultural diversity in mind. Those administering PCIT have been provided separate training that addresses the nuances of different ethnicities. Training is offered in Spanish.

Dr. Thompson-Randle explained that group programs are used first. Families are moved towards PCIT if their issues require a more intense program.

August 19, 2013

Presentation: Evaluation research of Family Preservation Services.

Presented by: Peter J. Pecora, Ph.D., Managing Director of Research Services, Casey Family Programs and Professor, School of Social Work University of Washington; Todd Franke , Casey Family Programs Associate Professor and Director, Department of Social Welfare, Luskin School of Public Affairs, University of California at Los Angeles; Jacquelyn McCroskey; and John Milner, Professor of Child Welfare

Subject: Family Preservation Services

- Ms. McCroskey provided a brief history of Family Preservation Services (FPS). In 1992, the County began operating FPS through State funding of family centered services. In 1994, Federal funds were made available for both family preservation and support. The Commission for Children and Families convened a committee that assisted in the design of the Family Preservation Program and the Family Support Program. These programs were rolled out as needs based programs.
- Dr. Pecora distributed a document titled, "Family Preservation Services, Costs and Outcomes in Los Angeles," and reported the following:
- The FPS programs evaluated were Family Maintenance and Family Reunification. Family Maintenance includes programs designed to keep children out of foster care while Family Reunification is focused on attaining permanency for children in care. Both of these programs are administered under a voluntary or court-ordered basis. Voluntary services are designed for cases that can be resolved within six months and are considered a short-term intervention.

The following questions were considered when conducting the research

- Who is being served by different kinds of DCFS Family Preservation Services?
- What does it cost to provide these services?
- What kinds of family outcomes are being achieved, across LA and by individual FPS provider agencies/
- What do DCFS workers feel are the strengths, limitations and strategies for refinement for each of the current FPS contractors?
- What refinements need to be made in Family Preservation Services and performance measurement?
- Who is being served by different kinds of FPS?
 - The total number of all children in both programs was 34,640.
 - The Structured Decision-Making (SDM) risk level data are not outcomes, but represent important information about the characteristics of the families or their household and neighborhood conditions. Case characteristics in terms of the

- percentage of families with high or very high risk ratings on the SDM scale varied across agencies
- What does it cost to provide these services?
 - Ms. McCroskey reported that the total expenditures of FPS for five fiscal years were approximately \$161 million. Under FPS there were four programs funded, the fourth program that is not represented in the outcomes data is FPS for Probation. The DCFS FPS program component accounted for over three-quarters of the County's total expenditure on FPS during the five fiscal years. The Alternative Response Services (ARS) and Probation FPS program components accounted for most of the remaining expenditures, with ARS expenditures at 12% and Probation FPS Expenditures at 10%. The focus of the evaluation was DCFS FPS.
- What kinds of family outcomes are being achieved across the County and by individual FPS provider agencies?
 - Dr. Franke reported the percentage of cases with re-referrals overall were moderate and varied substantially by FPS agency. There were 8.1% of children in a Voluntary Family Maintenance Program with substantiated re-referrals during FPS. The percent of substantiated re-referrals after completion of FPS were optimistic compared to the national levels.
- The percent of child placements during and after FPS were fairly low. During FPS, the family reunifications rate was 66.5 and 45.7% after completion of FPS. These rates are very positive when compared to national rates. Since the study was conducted across five years, families that were reunified in the early part of the study may have shown up as a re-referral in the latter part of the study. (Eric Marts, DCFS clarified that the re-referrals are claims received through the call center of child abuse hotline.)
- Mr. Marts explained that the length of time a family can be in the Family Reunification Program is 18 months.
- What do DCFS workers feel are the strengths, limitations and strategies for refinement for each of the current FPS contractors?
 - Ms. McCroskey explained that data rating the 64 FPS sites was collected from 811 Children's Social Workers (CSW). On a rating scale ranging from 1 - Strongly Disagree and 4 - Strongly Agree, the overall satisfaction rate was 3.14
- What refinements need to be made in FPS and performance measurement?
 - Ms. McCroskey provided the following recommendations as a result of the evaluation:
 1. Increase the consistency of the FPS referral process across regional offices. Also assure that in-take criteria are applied in the same way by contracted agencies.
 2. Revisit DCFS reporting policies and train likely reporters to ensure clarity and consistency of processes and criteria

- guiding re-referrals for additional allegations of maltreatment while Family Preservation cases remain open.
3. Review, re-formulated and incentivize the intervention strategies used as part of FPS to increase the use evidence-informed and evidence-based approaches.
 4. Require a core set of assessment measures and performance indicators across all FPS contract agencies.
 5. Form a FPS Learning Network. Form and FPS learning network for contract agencies to share ideas and strategies to better work with families and improve the overall performance of the contractors.
 6. Incentivize FPS contractors for program quality and fidelity.

Once the new FPS program models and strategies desired for Los Angeles are established, DCFS should provide incentives to FPS contract agencies for achieving a certain level of model fidelity and quality. Because of differing community characteristics in Los Angeles, a slightly different composition of FPS services may be needed across different DCFS field office coverage areas. While there will be many core quality dimensions that will be common services across contractors, some aspects may be more community specific. But service quality and fidelity to what DCFS considers the core intervention components can be measured, and could be used to promote high quality services.

7. Refine service cost measurement.
 8. Pay contractors for up to six months of post-permanency contractor services.
 9. Examine staffing capacity for the DCFS FPS contracting unit to monitor and coach the FPS contract agencies.
- Dr. Pecora explained the following FPS challenges:
 1. Revise the menu of FPS interventions better match current family needs.
 2. Standardize services referral and use across offices.
 3. Families in every office should have access to services with the same quality.
 4. Greater attention to successful Prevention Initiative Demonstration Project (PIDP) strategies such as Neighborhood/Family Action Councils, and Church-based Parent Visitation Centers.

September 16, 2013

Presentation: Update by the Alliance for Children's Rights on the Continuum of Care Reform.

Presented by: Angie Schwartz, Esq., Policy Director

Subject: In Los Angeles County, one of the biggest problems the Department of Children and Families (DCFS) is faced with is a shortage of foster homes. The unfair and unequal treatment of relative foster families is central to this shortage. Addressing these inequities will help to create additional homes for foster youth in homes of relatives.

Ms. Schwartz referred to the presentation material that was distributed, titled "The Story of Two Foster Children" and reported the following:

- **The existing Continuum of Care inequities between foster children**

placed with relatives versus those placed with non-relatives are at the root of many of the issues the Continuum of Care Reform (CCR) is seeking to solve.

- The major disparity is in the level of support a foster child receives based on federal foster care eligibility criteria. A federally eligible foster child receives \$820 a month. In Los Angeles County,
- Approximately 60% of foster youth are not federally eligible because they are placed with a relative not meeting federal guideline requirements..

Those who are not federally eligible may apply for CalWORKs which provides \$351, an amount less than half of the federal foster care support. This disproportionality is not attributed to the needs of a federally eligible foster youth being different but, because of where they are placed and demonstrates that two foster care systems exist in Los Angeles and across California. The vast inequities between these two systems are standing in the way of Reform.

- We look to our relatives because we know that children placed with **relatives have fewer negative experiences in foster care than non-relative** placements. Relatives are also more likely to take in siblings and to maintain the child's connection with their families.

- Relative foster parents are often in need of the most support, 40% of relative foster parents live below the federal poverty line.

- There are 60% of foster children in Los Angeles County that are ineligible for federal foster care and 56% in the State.

- Children placed with relatives only receive CalWORKs. The disparity of support for siblings is even greater. While Federal foster care is doubled for an additional child, reaching \$1640 in support, CalWORKs only increases to \$577, which is less than the amount of support that a non-relative receives to care for one child. This disparity is even more extreme with a child having developmental disabilities.

- While a non-relative receives upwards of \$3,000 through federal foster care a month to provide for special needs, a relative caregiver's CalWORKs support remains the same.

- Denying adequate funding to relative caregivers sets them up for failure. When a relative can no longer provide for a youth, particularly those with special needs, they often end up being placed in a Group Home. A youth placed in a Group Home costs \$102,000 per year, a relative is expected to provide for that same youth on \$4,200 per year. Group Homes are a much higher cost on the State and County.

October 7, 2013

Presentation: Department of Children and Families (DCFS) on services for youth with learning and developmental disabilities.
Presented by: Dr. Charles Sophy, Director, Bureau of Clinical Resources; and Dr. Jeff Dorsey, CSA III, Education and Developmental Services
Subject: Services for youth with learning and developmental disabilities.

Presentation: DCFS on the High-Risk Youth Case Conference Project
Presented by: Dr. Charles Sophy, Director, Bureau of Clinical Resources; and Lisa Sorensen, CSA III, High Risk Youth Project
Subject: High-Risk Youth Case Conference Project

Dr. Dorsey distributed a PowerPoint presentation handout titled, "Services for Youth with Learning and Developmental Disabilities" and presented the following points:

- The state of California has 21 Regional Centers that provide specialized services for people with developmental disabilities, 7 of these are located in Los Angeles County. California is the only state that has a Regional Center system. Each of the Regional Centers is an independent non-profit and are all governed by the Lanterman Developmental Disabilities Services Act (Lanterman Act).
- Currently DCFS is providing training to Regional Center staff on Department policies regarding Regional Centers.
- A child with an unsubstantiated case that is suspected of having a disability is referred to Regional Center regardless of whether a DCFS case has been opened.

Addressing Youth with Developmental Disabilities

- Under the Early-Start program, children 0 to 36 months who is determined eligible for Regional Center by age three is eligible for life.

• Regional Center's assessment for 0-5 focuses on five areas when determining eligibility: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development..

A 33% delay must be identified in one or more of these five areas, depending on the age. An infant referred after their second birthday must meet 33% in two or more of these categories or 50% in one area.

- If an infant does not qualify for the Early Start Program, the child is referred to a Family Resource Center. The Family Resource Center can refer a child back to a Regional Center if it determines that further assessment is needed. Social Workers are encouraged to refer infants prior to their second birthday, if a disability is suspected.
- Children 3 Years or older must meet one of the following criteria to qualify for a Regional Center: the condition must have originated prior to the individual turning 18 years of age; Autism; Epilepsy; Intellectual disability; Cerebral palsy; Conditions similar to mental retardation.

- One problem in getting Regional Center coverage is that School Districts' determination of autism is different than that of a Regional Center. A Regional Center's identification of autism relies on a child meeting 6 out of 12 areas of evaluation.

Ms. Hottenroth explained the following:

- Schools determine learning disabilities by examining the discrepancy between a child's performance and the potential to perform. A 15 point range is considered a significant discrepancy and the point where a child is labeled as needing special education.

Identifying Youth with DD/LD

- Dr. Dorsey explained the following:

- Newly detained infants or children go through Multi-Disciplinary Assessment Team (MAT) Assessments and receive a developmental **screening.**

- The 0-5 Developmental Milestone Guide (Guide) is a checklist developed by DCFS with the assistance of advocacy groups such as, Public Counsel and the Alliance for Children's Rights to identify whether a child within this age range is meeting certain milestones. The checklist is strongly recommended for use by Social Workers and Caregivers to identify any developmental concerns. Although use of the Guide is not mandatory, Regional Centers have agreed to Social Workers using this checklist when referring a child to Regional Center.

Ms. Hottenroth explained the following:

- In terms of learning disabilities, Education Consultants are located in the DCFS regional offices and work directly with Social Workers to assist in navigating the education system.

- The education consultant works with the parent or guardian to assist in obtaining an Individual Education Program (IEP) assessment or reassessment **if there are concerns.**

In response to questions posed by the Commission, the presenters responded with the following:

- U Dr. Dorsey indicated that the Social Workers' union agreed to the use of the Guide; however, determined that mandating Social Workers use the Guide would have an impact on workload. The number of Social Workers using the Guide is not tracked.

- Dr. Sophy clarified that the Guide is an instrument for Social Workers and Caregivers to better understand the development of a child and what a child should be doing from birth to 5 years old.

- The Union was concerned that mandating the use of the Guide would pose as a risk to the Social Workers' license because the Social Worker would be diagnosing, which is a misconception.

- Children in the system receive an annual developmental screening by the American Pediatrics at every Hub.

- Children, who have not exited the child welfare system, receive a yearly exam that includes developmental screening through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funding.

- Once a child has exited the child welfare system, there is no way of tracking the exams. Prior to exiting the child welfare system, families are connected with a pediatrician. Dr. Dorsey explained that children eligible for a Regional Center often have issues relating to mental health and special education needs.

- Ms. Hottenroth added that prior to 2011; DMH was responsible for the mental health needs of children. After 2011, the responsibility shifted over to the school districts. It is crucial to have the necessary people at the IEP meetings to ensure that the mental health aspect is addressed.

- Dr. Dorsey reported that the Medical Placement Units have the highest service level offices. There is an estimated 2,500 to 3,000 children receiving Regional Center services at any given time in the system.

Education Supports and Services

- Ms. Hottenroth explained that quality early education programs such as developmental assessments that can identify any developmental delays and provide the needed support to move the child to school readiness.

Early Education

- Social Workers are now able to refer children to early education programs through an electronic system. Over 1,200 children were referred during the most recent enrollment period.

- the County "211" program has been assisting in calling parents or caregivers to offer developmental assessments and link them to programs that have openings.

- This past year, the Foster Youth Education Program has rolled out Countywide. Currently, there are Social Workers located at 18 schools.

- Additionally, the LAUSD/DCFS Student Information Tracking System has been implemented. This tracking system allows Social Workers access to a student's academic history and is a prevention tool in identifying early on any patterns or instances indicating the student is **at risk or in need of specific services.**

Data and Outcomes

Dr. Dorsey reported the following:

- 50% of foster youth score in the lowest CA Standardized Test brackets compared to 25% of the general population.

- 50% of the DCFS referrals to Regional Center are determined eligible.

- Majority of Education Consultant assessments for 241.1 youth determined learning deficits and history of unresolved education **issues.**

November 4, 2013

Presentation: Shields for Families Overview
Presented by: Kathryn S. Icenhower, Ph.D., LCSW, Co-founder and Chief Executive Officer
Subject: History of SHIELDS for Families

Kathryn Icenhower, PhD., presented the following

- For 23 years Shields for Families has been the voice of the *family* in the community, co-located in 20 schools, and having 60 community partnerships
- Programs include Family Preservation, Prevention and Intervention Demonstration Project (PIDP), Partnership for Families (PFF), Point of Engagement
- The Project serves over 10,000 families annually
- They provide lifetime after care for families completing their programs.
- Programs recently include focus on single fathers who lack housing and therefore cannot be reunited with their children and who lost their children due to lack of transportation to get to , for example, the Antelope Valley to visit their children who are in foster care. Under AB 109 45% of the prisoners released return to South LA , where 2 out of 3 African American children grow up without their fathers. Project Impact, a Faith-based effort is trying to address the needs of the fathers.

November 18, 2013

Presentation: Overview of the combined impact of the Child Welfare Realignment and Title IV-E Waiver to at-risk children and families in Los Angeles County
Presented by: Martha Matthews, Director of the Children's Rights Project, Public Counsel Law Center
Subject: Ms. Matthews urged the Commission to support the opportunity for more flexible use of child welfare funds under Realignment and Title IV E in ways that will most benefit children at risk and their families including

- Support relative placements
- Promote housing stability for 18-21 year olds with up-front move-in costs funding for Supervised Independent Living Placements
- Create a reserve account of up to 5% of realignment and Title IV E funds to address solutions most creatively
- To track outcomes under the CA Child and Family Services Review

December 2, 2013

Presentation: Department of Children and Families (DCFS) on the development and monitoring of Program Contracts.
Presented by: Eric Marts, Deputy Director, Bureau of Contract Services; Marilyn Garrison, Division Chief, Community Based Support Division; Leticia

Subject: Torres-Ibarra, Contracts Division Manager, Contract Development-Fiscal Management Division
“Safe Children Strong Families (SCSF) Request For Proposal (RFP) Selection Process and Funding Methodology”

Ms. Torres-Ibarra distributed a handout titled “Safe Children Strong Families (SCSF) Request For Proposal (RFP) Selection Process and Funding Methodology” and reported the following:

- The SCSF RFP was the largest RFP solicitation conducted by a County Department. A significant number of proposals were received. The following services were placed on bid: Adoption Promotion and Support; Child Abuse and Neglect Prevention and Intervention Treatment; Family Preservation; Partnerships for Families; and Prevention and After Care. The State mandates that the duration of contracts be for three years; however, DCFS had been successful in obtaining extensions on the existing contracts that resulted from the last RFP conducted in 2005. The existing SCSF contracts are no longer eligible for extensions and a new solicitation was required.
- At the time the SCSF Statement of Work was developed, a ten-day public comment period ending November 15, 2012 was in place allowing agencies interested in the solicitation a forum for providing feedback. Additionally, a Public Comment and Bidders’ Conference were held on November 8, 2012 and February 5, 2013 respectively. A total of 106 comments were received from agencies in the community who were interested in bidding for this solicitation. Adjustments to the solicitation were made based on the input received.
- In preparation for the SCSF RFP, DCFS worked closely with Internal Services Department (ISD) to identify evaluators from various County Departments to assist in the evaluation of the proposals. Evaluators were screened to ensure there were no conflicts of interest present. Each proposal submitted was reviewed by a panel of 3 to 4 evaluators.
- Proposals were evaluated and scored by a panel based on four areas: Qualifications, weighted 30%; Approach, weighted 40%; Quality Assurance Plan, weighted 10%; and Cost, weighted 20%. Evaluators scored each proposal using the Informed Averaging Methodology to calculate a composite score, as required by County policy. After evaluators independently reviewed the proposals, a meeting was held with the panel members to review and discuss the scoring.

In response questions posed by the Commission regarding the evaluation and monitoring of contracts, the presenters responded with the following:

- Ms. Torres-Ibarra explained that evaluators were provided training prior to reviewing and scoring the proposals. In terms of the fiscal section of the proposals, DCFS Fiscal Division conducted the evaluation separate from the Program piece.
- Ms. Garrison added that evaluators were provided historical funding information to reference when reviewing the proposals. To address concerns with agencies focusing on the number of families served rather than the quality of services, the current solicitation reduced the number of contracts significantly in an effort to place more focus on quality and infuse agencies with enough capital to be able to introduce more evidence-based services.
- Mr. Marts agreed that monitoring of contracts is necessary and reported that a proposal to the Board recommending an increase in staff to the Contract Monitoring Section is being developed. Increasing the number of Contract Monitors, will allow more focus on monitoring the quality of services agencies are providing. The new RFP includes performance goals and expectations and is moving in the direction of quality-based services.
- Ms. Torres-Ibarra explained that included in the RFP were questions that addressed the target population served by the agency.
- Ms. Garrison explained that there were numerous opportunities leading up to the RFP for Community Partners to share ideas on the re-design of the new solicitation. In regards to measuring family functioning, a web-based Family Assessment form has been adopted that will be standardized across agencies. This tool will assess improvements in family functioning and will provide a measurement of the families' progress at prescribed intervals. Implementation of this form will start with Family Preservation agencies. The information provided from the assessment will be valuable on an individual, program and agency level.

The Commission requested an update by the presenters once the SCSF RFP is finished.

December 16, 2013

Presentation: Departments of Mental Health (DMH) and Children and Family Services (DCFS) on the Youth Placement Stabilization Teams funded through Senate Bill 82, Investment in Mental Health Wellness Act of 2013

Presented by: Bryan Mershon, Ph. D., Acting Deputy Director, Children's System of Care, DMH; and Helen Berberian, Executive Assistant to Philip Browning, Director, DCFS

Subject: Youth Placement Stabilization Teams funded through Senate Bill 82, Investment in Mental Health Wellness Act of 2013

Mr. Mershon distributed a PowerPoint presentation and reported the following:

- The Investment in Mental Health Wellness Act of 2013 became law on May 16th 2013, through Senate Bill 82 (SB 82). Through a competitive selection process, various regions within the State will be submitting proposals for delivering services specified in SB 82. The deadline to submit proposals to the Mental Health Services Oversight and Accountability Commission is January 7, 2014. The funding for services is through the Mental Health Services Act (MHSA).
- The information being presented is the current thinking and direction of what the County's proposal will be. In October, 2013, the Chief Executive Officer (CEO) announced the County's participation in the proposal process.
- The main focus of the SB 82 funding is increasing capital capacity and expanding programs for enhancing the number of mental health crisis personnel. Other areas of focus include:
 - increasing access to crisis intervention and stabilization services;
 - augmenting appropriate linkage to crisis services;
 - reducing cost associated with expensive in-patient and emergency care, and;
 - developing crisis placement stabilization services for DCFS involved youth.
- The State's overall goal of SB 82 is to provide mobile crisis support teams and triage personnel. The County's proposal is focusing on establishing crisis stabilization teams with a portion being Youth Placement Stabilization (YPS) Teams. The YPS concept was developed through a partnership between DMH and DCFS. The purpose of the teams would be to fill the gap in triage services for youth, with an open DCFS case, who are experiencing a high number of placement disruptions, and do not meet criteria for involuntary psychiatric hospitalization. The intent of the YPS Teams would be to stabilize the youth in their current or new placement. The target population identified is youth that have experienced at

least three placement disruptions based on the data from fiscal year 2011-12. Target Population includes:

- Youth awaiting placement at DCFS Command Post
- Youth identified through the High Risk Services Division of DCFS
- Youth at imminent risk of removal from home or residential placement (i.e., have received a seven (7) day notice of removal)
- Youth under dual supervision with DCFS and Probation (241.1 Youth)
- The eligibility criteria include:
 - Youth ages zero to twenty one years of age
 - Youth with open child welfare case with Los Angeles County Department of Children and Family Services
 - Children/youth who have experienced three or more placements within 24 months due to behavioral health needs
 - Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible youth
 - Individuals that meet medical necessity for specialty mental health services
- The YPS Teams would include one licensed Mental Health Professional and one unlicensed Mental Health Service Provider. Currently the structure would consist of 8 teams, approximately one team per Service Planning Area (SPA) and with the flexibility for teams to work in the SPAs that are in most need. At a given time, the YPS Teams would be working with a total of approximately 100 youth; however, the intent would be that the Teams quickly connect the youth to services.

The Commission expressed concern that having these teams in place lacks consistency and adversely places an additional layer of trauma for the youth to undergo. The ideal situation would be to have a team that stays with the youth throughout their care under the Department (DCFS/Probation).

In response to questions posed by the Commission, the presenters responded with the following: □ Mr. Mershon explained that Probation youth were not included in the identified target population mainly because the experience is that movement in placement for this population is not as high. However, this area will be further evaluated and considered for inclusion in the proposal.

To address concerns regarding YPS Teams providing an inconsistent experience for the youth, the hope is that the YPS team acts as a transition in helping establish an ongoing group that stays with the youth.

Christy Malder, DMH added that her experience in working with youth that bounce between the Command Post and Regional offices is that these youth do not have a team in place. The YPS Team would establish stability. Teams include formal and informal supports. □ Ms. Berberian addressed the Commission's concerns and explained that work with DMH on SB 82 was initiated partly because it was identified that preventive mediation before placement disruption was missing and furthermore, there were no team type of support to keep the youth on track. The work of the YPS Team will involve talking to the youth prior to the disruption in placement and will provide a better opportunity for permanency planning. Some of the referrals for the YPS Teams will come from the High Risk Database.

- Mr. Mershon clarified that the funding is part of MHSA; however, is new funding that is separate from the 3-Year MHSA Plan. The funding is from the State's MHSA funds. The anticipated SB 82 total funding is \$9 million for Los Angeles County with Children and Transitional Age Youth (TAY) accounting for approximately \$1.2 million of the total. Staffing costs would be supported by the revenue generated from the claiming for the EPSDT Medi-Cal services.
- Ms. Berberian explained that the YPS model is both reactive and proactive and provides the flexibility to proactively identify children prior to reaching their third placement. The proposed plan is not finalized and can be revised.
- Mr. Mershon explained that the proposal would be presented at the next Systems Leadership Team (SLT) meeting. A monthly report will be provided to the State indicating the population that has been triaged. It is understood that the intent of the bill is not to serve the same population for an entire year. In the event that the County does not apply for this funding, the funds would be redistributed to other counties.

Today's feedback from the Commission will be provided to the DMH Executive Management Team.

- Ms. Berberian explained that the YPS concept is an effort to begin replicating the DCFS/DMH Permanency Teams to assist case carrying CSWs in achieving permanency for youth. Additionally, based on a recently received State ACL (All County Letter), a review of youth currently in group homes for one year or more will be conducted and reported to the legislature. Findings may identify children, who, if taken to a lower level of care, may become destabilized and proactively referred to a YPS Team.

January 13, 2014

Presentation: “Homeless but Not Hopeless: The Faith Community Engaging Transition Age Youth (TAY) in South Los Angeles”

Presented by: Pastor Kelvin Sauls, President, Board of Directors of South L.A. Homeless TAY and Foster Care Collaborative; Senior Pastor, Holman United Methodist Church; Commissioner, Los Angeles Homeless Services Authority (LAHSA); Gerald Thompson, Executive Director, South L.A. TAY Collaborative; Founder, Pathways to Your Future; Janet Kelly, Treasurer, Board of Directors of South L.A. Homeless TAY and Foster Care Collaborative; Executive Director, Sanctuary of Hope; Ericka Bernard, TAY Representative; and Grace Weltman, Consultant, South L.A. Homeless TAY and Foster Care Collaborative; President, Communities in Motion

Subject: The Faith Community Engaging Transition Age Youth (TAY) in South Los Angeles”

Ms. Weltman presented the following:

- Priorities of the collaborative include increasing the leadership, resilience, and transparency among the service providers in South L.A; influencing and informing public policy and delivery systems; raising awareness and increasing community knowledge; mobilizing the Faith based and the broader community; and coordinating resources and services; as well as fostering accountability service providers, government, and community.
- In 2013, while an internal consultant for the Los Angeles Homeless Services Authority (LAHSA), I was tasked with conducting an assessment and analysis of the homeless situation in the Second Supervisorial District. In the first stage of the project, 300 homeless people were interviewed with 1/3 being TAY. Through this project, findings indicated that much of the data included in the presentation before your Commission today is not comparable to the actual number of homeless people on the street.
- LAHSA conducts a biennial count of homeless people in Los Angeles; this count recently changed to an annual count. In 2013, the data showed South Los Angeles as having the most homeless people in the County. Approximately 17% of the homeless in Service Planning Area 6 (SPA) are under age 24. The data management system at LAHSA tracks homeless people entered into the system when accessing a service. A study conducted over a six month period indicated that 4,000 TAY were entered into the system with 20% of this amount having young children. The difficulty in tracking homeless TAY is that many are resistant to being entered into a system.

Ms. Kelly added that the LAHSA database tracking is based on homelessness as defined by the United States Department of Housing and Urban Development (HUD) which defines homelessness as living in a place not suitable for inhabitation and excludes those who are living from house to house. With this exclusion, the actual numbers of homeless TAY are much higher than the data indicates.

Ms. Weltman continued and explained that 66% of homeless TAY are African American and approximately 30% are Latino. The actual number of Latinos is expected to be higher because Latinos are not likely to report being homeless.

- Focus groups with homeless TAY indicated that most of the youth did not want to talk about being homeless but, rather wanted to share their negative experiences while in foster care. Many of these youth were also in the juvenile probation system.
- The Hollywood Homeless Youth Partnership's 2011 study showed that approximately 40% of Hollywood's homeless youth come from South Los Angeles and nearly half of the youth in this study were involved in the child welfare system, and 69% having involvement in juvenile or criminal justice system.
- The Conrad Hilton Foundation's 2011 study, "Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County" found that African Americans have a higher rate of being in both the juvenile justice and child welfare systems. Studies show that the African American and Latino TAY are more likely to get involved with a gang.

Ms. Kelly reported the following:

- Homeless services are primarily targeted at adults and not designed for the TAY population. TAY have no place to go for housing and/or transitional living and no infrastructure is in place for permanent housing. This population experiences several unnecessary barriers to accessing housing which prolongs their homelessness and many are on the verge of becoming chronically homeless. TAY fear ending up on skid row and not having a way out.
- Many of the existing programs do not take into consideration the risk factors TAY face in the program's design. Additionally, resources that meet the needs of TAY families are not available. Many TAY will lose their life to street violence without the needed services or safety nets.

Mr. Thompson added that some agencies will not accept TAY into their programs because they are not receiving any sort of funding or government assistance. Part of the Collaborative's work is focused on coordinating resources among services providers and community

agencies so that TAY will have access to resources that meet their needs.

January 27, 2014

Presentation: The implementation of Enhanced Transitional Planning (ETP) for Transitional Age Youth (TAY).

Presented by: Andrew Bridge, Executive Director, Child Welfare Initiative; Sarahbeth Winn, Child Welfare Initiative; Lindsay Elliott, Children's Law Center; Deborah Cromer, Esq., Alliance for Children's Rights; and Eclasia Wesley, Alliance for Children's Rights

Subject: Implementation of Enhanced Transitional Planning (ETP) for Transitional Age Youth (TAY).

January 27, 2014

Presentation: Presentation on the implementation of Enhanced Transitional Planning (ETP) for Transitional Age Youth (TAY).

Presented by: Andrew Bridge, Executive Director, Child Welfare Initiative; Sarahbeth Winn, Child Welfare Initiative; Lindsay Elliott, Children's Law Center; Deborah Cromer, Esq., Alliance for Children's Rights; Eclasia Wesley, Alliance for Children's Rights

Subject:

Presentation on the implementation of Enhanced Transitional Planning (ETP) for Transitional Age Youth (TAY).

- ☐ Andrew Bridge, Executive Director, Child Welfare Initiative
- ☐ Sarahbeth Winn, Child Welfare Initiative
- ☐ Lindsay Elliott, Children's Law Center
- ☐ Deborah Cromer, Esq., Alliance for Children's Rights
- ☐ Eclasia Wesley, Alliance for Children's Rights (14-0416)

Mr. Bridge presented the following:

- Through a partnership between the Child Welfare Initiative (CWI), Children's Law Center, The Alliance for Children's Rights, Juvenile Court and DCFS, Court Lab was implemented in three courtrooms at Edelman Children's Court. Court Lab is now on its second year of implementation. The core aim of Court Lab is to improve transitional planning for children in the child welfare system 14 years of age and older.
- Gaps in current transition planning were identified by having observers sit in children's court rooms to conduct a file review of the court report, observe the hearing, and interview the youth and caregiver, if present. The three areas that were examined include; safety, well-being, and self-sufficiency.
- Only 51% of youth had a Transition to Independent Living Plan (TILP) in their file;
- 60% of the court reports did not address the youth's need to have a stable permanent adult connection; and
- 20% did not address the youth's progress or plan in graduating from high school.

- Court Lab's Partners (Deb Cromer) recommendations included: 1) increasing caregiver involvement in the development and implementation of transition plans; 2) improving the quality of information presented to the Juvenile Court in order for those involved in the process to have better information to help the youth, and 3) placing more emphasis on connecting the youth with permanent supportive adults.

Ms. Elliott explained the following:

Two goals emerged from this development, one being to establish consistent judicial enforcement of the TILP and the other to get the youth more engaged and involved in the planning process. Some of the tools developed to help the court prioritize what is important for older youth include, a judicial checklist, and youth and caregiver forms.

- The Children's Law Center and The Alliance for Children's Rights have trained former foster care youth to work with Transitional Age Youth (TAY) as Peer Advocates in the court room. The Peer Advocates work with the youth on their transitional planning.

Ms. Wesley, a Peer Advocate provided some of her background as a former emancipated foster care youth and explained the following:

- Part of the role of a Peer Advocate is to encourage and coach youth to communicate with their judge on identified goals and what he or she needs to achieve these goals. Additionally, a resource packet titled, "Know Before You Go" is provided to the youth. The packet includes information on resources available to youth exiting the system.
- Currently there are six trained Peer Advocates, with two in each court room every day.
- Caregivers are able to provide valuable information in transitional planning that is unavailable to anyone else involved in the planning process. Caregiver involvement in the planning process improves case planning. Traditionally, foster parents have not been considered as a meaningful way to establish adult connections for the youth. Caregivers not present at the youth's hearing are contacted after the hearing to determine why they did not attend, and to find out what would make it easier for them to attend.
- Since the implementation of ETP in October of 2013 in Edelman Children's Court, the following has resulted:

☐ ☐ The number of youth with a TILP in their case plan has risen from 51% to 99%.

☐ ☐ The number of youth with a connected adult in their life has risen from 35% to 78%.

☐ ☐ The number of youth with an education plan in their court report has risen from 57% to 87%

Leslie Heimov, Children's Law Center, added that reaching successful transitional planning requires more than utilizing a manual and checklist. It requires the presence of a Peer Advocate located in the court room to move the process along. Using a Manual, without placing Peer Advocates in additional courtrooms, will not yield the same results as those achieved in the in the Edelman Court.

January 27, 2014

Presentation by SHARE! (Self-Help Support Groups for Children, Parents and Caregivers.) Ruth Hollman, Executive Director

Ms. Hollman distributed a document titled, SHARE!'s Mission and presented the following:

- The mission of **SHARE!**, the **Self Help and Recovery exchange**, is to help people in Los Angeles pursue personal growth and change. SHARE! empowers people to change their lives and provides them a loving, safe, non-judgmental place where they can find community, information and support. SHARE! offers a variety of self-help support groups.
- SHARE! has been operating for 21 years and currently has two centers, one located in Culver City and the other in the skid row area of downtown Los Angeles. There are over 130 support groups meeting each week and over 3,000 visits to a center per month.
- SHARE!'s concept is based on high tolerance and low demand and getting people to recognize that the responsibility for change in their lives is their own. Best practices are used in the self-help support groups. Research has shown that hospitalization rates are reduced by 50% with individuals just being aware that there is a self-help group available.
- SHARE! centers are placed on the edge of communities for the purpose of having a mixture of group participants from different socioeconomic backgrounds. The group setting often provides support systems through relationships and contacts made within the groups.
- **SHARE!'s Rainbows support group** is for children who have suffered any sort of trauma in their families. The program is free and available at several locations in Los Angeles. Studies done on Rainbows found that children who participate in this program have an increase in their self-esteem and are able to communicate better on what their needs and wants are. The minimal program cost of \$150 for facilitator training and should be funded through the Mental Health Services Act (MHSA).
- **Alateen** is for children who have experienced alcoholism, substance abuse, mental health issues, or any other types of dysfunctions in their families. The program is free. Alateen is a 12-step program that teaches youth strategies to deal with dysfunction in their families and how to establish safety boundaries. Research shows that youth who experienced alcoholism within their families and participated in Alateen had better outcomes with education and employment, in their young adulthood in comparison to those who did not attend Alateen. Alateen group meetings are located in different areas of Los Angeles and are well established in the faith based community.
- **Because I Love You (BILY)**, is a program for parents who have children with behavioral issues. The program works with parents, offering support and guidance with parenting skills and teaches how to successfully work with professionals in this field. BILY was initiated in Los Angeles and has the potential for expansion.
- **Recovering Couples Anonymous** is a 12-step group for couples who would like to reunite; however, may have come from a dysfunctional family and do not have the tools to work towards mending a relationship. The group meetings are free.
- **Co Dependents Anonymous (CoDa)** is a program that can help parents who continually involve themselves in dysfunctional relationships, including situations where the boyfriend or girlfriend is abusive towards the child. The group's common purpose is to develop healthy relationships. The program is free.
- **SHARE! Collaborative Housing** is another program that can assist emancipated youth with finding immediate housing. Residents live in a roommate situation. SHARE! has housed more people statewide since 2005 than the Mental Health Services Act (MHSA) programs. Housing starts at \$350 per month. Currently, there are 240 houses participating in this program; however, additional houses can be opened specifically for TAY. Homeowner's are selected through a screening process with the majority of participating houses being located in middle class neighborhoods.

- Ms. Hollman participates in the DMH Strategic leadership Team with DMH. She expressed a need for greater State oversight regarding MHSA funding and the decision-planning process.

February 3, 2014

Presentation: Discussion and planning of the Commission's 2014 Agenda schedule
Presented by: Commission for Children and Families
Subject: Discussion evolved on the probability of having a theme for 2014 as a platform for planning the Commission's activities and agendas, and that the meeting agendas should parallel the Commission's identified objectives. Commissioners were invited to share their ideas and areas of interest in a roundtable discussion.

The Commission stated it is essential that services for sex trafficking victims be included in the three-year Mental Health Services Act (MHSA) Plan that is being finalized now. During the original MHSA Plan (Plan), sex trafficking was not in the forefront of public awareness and was not included by the Systems Leadership Team (SLT) in the previous three-year Plan. The Board needs to act to ensure that money is allocated to address the needs of this population both in providing prevention services and in offering mental health treatment and support opportunities to address the challenges faced by these young people.

A large number of youth involved in sex trafficking are children who have been involved in either the child welfare or probation system or in both systems. These youth have already suffered traumatic events in their lives by being separated from their families prior to involvement in sex trafficking. A great deal of mental health support is needed to restore these children's well-being, and to give them hope of a brighter future. Ongoing financing is available under the MHSA to provide this care, and the timing of the Board's focus could not be more propitious or urgent. The Department of Mental Health (DMH) and its SLT are currently deliberating on elements that should be put forward in the new MHSA Plan (Plan) for 2015-2018.

Those needing mental health support include:

- Children who have been detained and separated from their families because of sexual abuse and who are at-risk of later becoming a victim of sex trafficking.
- Transitional Age Youth (TAY) who are victims of sex trafficking and trying to find a safe place to restart their lives. Emergency and Specialized Housing with appropriate mental health services should be set aside under the MHSA for TAY programs. Domestic Violence shelters are an excellent family-like model that must be created for sex trafficking victims in need of on-going support.
- Runaways who are most vulnerable to being lured into child sex trafficking because of their susceptibility to promises of love and livelihood offered by traffickers. Mental health services should be provided to these at-risk youth to prevent their entrapment in sex trafficking.
- Girls who are arrested for assaulting their mothers as a result of fighting with their mothers on their involvement in sex trafficking. Both the mother and daughter should be provided mental health support. An alarming number of

children involved are either in the child welfare system or the probation system, and are in need of coordinated mental health services to lessen future involvement.

In addition, DMH should strongly consider hiring survivors who have successfully separated from sex trafficking as peer support counselors. Community non-profits have identified this type of peer support as being very effective.

The Board has the authority and responsibility, under the amended MHSA, to adopt the Plan to be proposed by DMH. This process normally occurs after the Department has collaborated with the SLT, and provided the proposed Plan for public review and comment.

The Commission urged the Board to communicate their support of creative funding allocations to meet the needs of these victims prior to submission of the proposed Plan. The Commission noted and commended the Board's recent action, providing \$200,000 for a two-year program to fight child sex trafficking.

February 12, 2014 – Special Meeting

Presentation: Discussion and approval to send a letter to the Board of Supervisors on behalf of the Commission to support Mental Health Services Act (MHSA) funding allocations for victims of child sex trafficking.

Presented by: Commission for Children and Families

Subject: The Children and Families (Commission) urge the Board of Supervisors (Board) to ensure that adequate funding be designated for children who are victims of sex trafficking. To that end, the Commission believes it is essential that services for sex trafficking victims be included in the three-year Mental Health Services Act (MHSA) Plan that is being finalized now

March 3, 2014

Presentation: Presentation by DCFS on the requirement of dual certification as foster and prospective adoptive parents for new foster families.

Presented by: Diane Wagner, Division Chief, Adoptions and Permanency, Resources Division; Susan Tucker, Assistant Regional Administrator, Resource Family Assessment Units

Subject: County's implementation of dual certification in 2004

Ms. Wagner provided a brief history of the County's implementation of dual certification in 2004 and presented the following:

- Research conducted from other jurisdictions requiring dual certification for foster parents found that the process for dual certification is a best practice. Foster families are better assessed, screened and the timeframe to permanency is decreased.

A chart was distributed showing a side-by-side comparison of the requirements for foster family home licensing/certification and foster family home and adoption dual certification. All requirements are the same with the exception of the Federal Bureau of Investigation (FBI) criminal record clearance.

Under dual certification, the assessing agency is able to obtain the full history of arrests and convictions, whereas prior to 2004 criminal record clearance for foster families included history of convictions only.

Obtaining a full record provides the ability to screen for patterns of arrests as part of the assessment.

The disadvantage of dual certification is that families need to undergo a two live scans; however solutions are being explored to mitigate this issue. Additionally, under dual certification, in depth interviews with adults living in the home are conducted as well as references obtained. Dual certification requires a very in-depth assessment.

Families interested in becoming a foster home are informed that the dual certification as a foster and adoptive family is not a commitment to adopt. Families interested in foster or adoption can change their mind at any point in the process.

With the passage of Assembly Bill 340 in 2007, a pilot project was established in up to five counties to implement a streamlined, family friendly process for approving relatives, foster parents and adoptive parents to care for foster children. Presently, discussions are underway at the State and Federal level in an effort to allow LA County to conduct the pilot in one office. Statewide rollout is expected in 2017.

The implementation of the streamlined process of approving foster/adoptive families would lead to the County doing in its own home approvals. The dual live scan approval is resolved under the new process because there will be a home approval with one live scan.

Ms. Wagner agreed there had been a drop in adoptions. She explained that the decrease is partly related to the number of children in out-of-home care being lower compared to 2004. Additionally, staffing in the adoptions unit is down. The Department has targeted efforts to recruit and approve foster family homes. Interested foster families are being prioritized over adoptive homes. There are many contributing factors to the decrease in adoptions.

Ivy Lewis Carey, Children's Law Center of Los Angeles commented that the intended goals of dual certification and concurrent planning is reunification, and if parental rights are terminated, having a home study approving the family for adoption, reduces the timeframe to permanency.

Ms. Wagner clarified that efforts to placing a child with a relative are made prior to placement with a non-relative. There are foster families in the system not duly approved because they have been fostering prior to the implementation of dual certification.

The Commission expressed concerns with misinterpretation of dual certification for families interested in becoming a foster parent only, and the need for better communication. The intended purpose of dual certification is unclear. If reunification is the highest priority, then families wishing to adopt may not be as willing to work with the birth family towards reunification. Additionally, potential adoptive parents may be

discouraged in becoming an adoptive parent because the child may be removed to be reunited with a birth parent or relative at any point in the process. Ms. Wagner stated that safety and well-being is the highest priority, and decreasing the timeline to adoptions is an added benefit. Director Browning stated that under the past requirement, if a foster parent was interested in adopting, they may not have been able to due to certain criteria not being met. He reiterated that with dual certification, a foster parent that decides to adopt is already approved for adoption.

March 17, 2014

Presentation: Departments of Children and Family Services (DCFS) and Probation on the Title IV-E Waiver.
Presented by: Alan Weisbart, Children's Services Administrator II, DCFS Title IV-E Waiver Program; and Adam Bettino, Director of the Probation Title IV-E Waiver Program
Subject: "Title IV-E Waiver Fact Sheet"

Mr. Weisbart distributed a document titled, "Title IV-E Waiver Fact Sheet" and reported the following:

□ Title IV-E Waiver (Waiver) period ranges from July 1, 2007 through June 30, 2012. The County is currently in its second bridge period which expires on June 30, 2014. The terms and conditions remain intact.

DCFS Waiver Initiatives include:

- Youth Permanency
- Prevention Initiative Demonstration Project (PIDP)
- Up-front Assessments
- In-house Legal County Counsel
- Emergency Response Staffing
- Expanded Team Decision Making with Permanency Planning Conferences
- Countywide Youth Education Project

CDSS selected four project service components with 16 County Interventions/Core Waiver strategies:

Prevention
Family Engagement
Evidence-Based Interventions
Aftercare Services

Many of the Waivers strategies are currently incorporated in DCFS practices. Wraparound is emphasized during the Waiver extension as a major component of the Katie A. Settlement. □ Forty to fifty percent of the Waiver funding is allocated towards placement of children, staffing, and existing contracts. Allocation towards new initiatives is yet to be determined pending the conclusion of the Waiver terms and conditions. A decision is expected within April. The existing Waiver is slated to end in September of 2019.

In response to questions posed by the Commission, DCFS responded with the following:

□ Mr. Weisbart explained that reinvestment funds for 2013/14 are at approximately \$30 million in net county costs set aside in a Provisional Funding Uses (PFU) account.

Director Browning clarified that the funds set aside in the PFU account are likely not be reinvestment funds due to spending requirements of the Waiver. The Waiver agreement stipulates that federal, state and county funding allocation be spent in order to impact the evaluation. It is unclear whether the \$30 million is a savings amount or an amount the county has set aside. The County is unable to draw down the federal portion until the accompanying amounts are spent. □ Mr. Weisbart explained that the funds in the PFU account are net County costs and do not include federal or state funds. Some under- expenditure amounts were placed in the PFU account.

Director Browning explained that reinvestment only occurs if there is a savings. The intent is to spend the reinvestment funds during its Waiver period. Finance staff will need to be present in order to provide clarification and accounting detail. Director Browning explained that a fair amount of the Waiver was spent on staffing, in order to lower Children's Social Worker (CSW) caseloads. The Waiver savings allocation also went towards Public Health Nurses, County Counsels located in DCFS offices, increased funding for Family Preservation contracts, and increasing emergency shelter beds. The Waiver extension is expected to not exceed the current allocation. On an annual basis, the Department is on track in terms of expenditures. Funding has been set aside for Differential Response and towards initiatives to keep existing foster parents from leaving the system. Some of the evidence-based initiatives being considered are dependent on the Waiver extension terms remaining at current funding levels.

The Commission requested a breakdown of the Waiver reinvestment amounts spent in 2013/14 and the methodology in which these initiatives were chosen and measured. Mr. Weisbart reported the following 2013/14 Title IV-E Budget categorized by Outcomes including the programs located under each category:

Safety - \$1.1 Billion:

-- PIDP;

-- Differential Response;

-- Aftercare services;

--County Counsel; and

--Support and operations

Permanency - \$753 million:

--Placements, including adoptions and Kin-Gap;

--Staffing;

--Aftercare services;

--Family Preservation, including other contracts for Permanency; and

--Support and operations

- Well-being - \$67 million,
- a significant amount is allocated to older youth.
- 34% allocated to staffing;
- Client transportation and housing;
- Youth Development Services (YDS); and
- Independent Living Program (ILP)

The majority of Title IV-E funding was allocated towards Placements. Director Browning explained that available reinvestment funds may be allocated to any Waiver eligible activity

Mr. Weisbart explained that a joint DCFS/Probation evaluation was conducted at the close of the first Waiver period and offered to submit the report to the Commission.

Adam Bettino distributed a document titled, "Title IV-E Child Welfare Capped Allocation Demonstration Project (CADP), Los Angeles County Probation Department", and reported the following: The breakdown provided in the document includes current Waiver strategies. There is approximately \$12 million in Waiver Savings. The Waiver provided Probation the opportunity to use funding in ways that were previously not possible. Some of these initiatives include;

- Functional Family Therapy,
- Functional Family Probation, and
- Multi-Systemic Therapy.

The goal moving forward is to build comprehensive evaluations for the next Waiver period.

- During the five-year period, Probation focused efforts on creating Aftercare Services. Since, 2007 the out-of-home care placements have decreased by more than 40%. Probation's Group Home population is at a low of 800 youth. The average length of stay has decreased to approximately 20% compared to the baseline period. Although there are less youth in care, it is inconclusive whether these youth are better off. The focus moving forward is to evaluate this.

April 14, 2014

Presentation: Department of Children and Families (DCFS) on Foster Care Recruitment

Presented by: Karen Richardson, Division Chief, Out-of-Home Care Management; Diane Wagner, Division Chief, Adoptions and Permanency Resources Division; and Sari Grant, CSA III, Adoption Services

Subject: Mrs. Grant provided an overview of the different scenarios and process on Foster Care Recruitment from: the initial intake of families to the initial point of intake information to consolidated home study approvals.

Ms. Grant distributed a PowerPoint presentation and reported on the following:

Intake of Families

- Families who are interested in becoming a foster family are able to call and speak to a representative from 8:30 A.M. to 5:00 P.M. Calls can be rolled over to four people to insure rapid response. There is Spanish speaking staff to respond to Spanish language calls.
- For special events with a higher volume of calls, additional staff is available to assist.
- At the time an orientation for the family is scheduled, orientation material is sent accompanied by an evaluation form with questions relating to the service received at the intake point.

Orientations and Follow-up

- Approximately eight (8) orientations are scheduled a month. Orientations are typically offered in English and Spanish. Special orientations are offered in Korean as part of the current recruitment effort targeting the Korean community.
- Families are reminded a few days prior to the scheduled orientation and are followed up with after.

Pre-Approval Retention

- As part of the foster care application process, Ambassadors who are Foster Parents are available to support the potential foster families through the application process. Ambassadors receive a stipend for every family that attends a Model Approach to Partnerships in Parenting (PS-MAPP) session and are approved as a foster family.
- Clinics are held to make the process easier for the applicants.
- Work is being done with the National Resource Center for Diligent Recruitment (NRC) to make orientations user friendly. Additionally, a Foster Care and Adoption Orientation Evaluation were recreated to evaluate the assistance of staff and information provided to potential foster families going through the application process.
- A business process reengineering with NRC was conducted to evaluate and improve how people are registered for PS-MAPP.

Foster Home Recruitment Efforts

The Placement and Recruitment Units (PRU) are responsible for all foster parent recruitment activities. This includes:

- General Recruitment which includes, media campaigns, presentations and faith-based outreach
- Targeted Recruitment including, children with medical needs, siblings, infants and teens.

- Trained staff participates in community outreach at approximately 50 community events annually and approximately 25 faith-based events including “Open Your Hear Sundays”, an event to recruit new resource parents. Many of these efforts are promoted with radio and print campaigns.
- Additional outreach underway in the faith-based communities includes the Interfaith Foster Care Summit that will take place in May. Leaders from various faith-based communities attend.
- Specialized media campaigns are done with Spanish language stations as well. Social media is being used to increase awareness and provide information.
- Additional recruitment events and efforts are done in partnership with several Foster Family Agencies (FFA).
- There are ten FFA’s currently providing therapeutic foster care. DCFS is assisting with an outreach event sponsored by these ten FFA’s for recruitment.

Intake Calls and Orientation Attendance

The intake of calls for those interested in becoming a foster family has remained at similar levels since 2010 however, the Orientation attendance has increased.

Orientation Attendance by Source

- Families attending Orientation are asked the how they learned of the Orientation. Responses indicate that the largest sources of referrals come from the internet and family/friends.

Orientation Attendance by Ethnicity

- The African American community is the largest population attending Orientation.

PS-MAPP Attendance

- PS-MAPP attendance has increased over the years. The highest attendance occurred in 2013 with 1,481 families having attended.

Consolidated Home Study Approvals

- The numbers of Home Study approvals have increased particularly in foster care since 2004.

In response to questions posed by the Commission, the presenters responded with the following:

- There are approximately 60 classes held countywide. The wait time is dependent on whether a family is only interested in attending a class in a specific area.
- Ms. Wagner explained that the number of home approvals is lower than the national average, which is approximately 10 %. For this reason, as part of a recruitment effort, the Ambassador Program was implemented to increase the number of approved foster homes.

- Ms. Richardson explained that due to unavailable data a comparison of recruitment efforts between DCFS and the FFA's is not available. However, FFA's have expressed similar recruitment challenges.
- Ms. Wagner explained that a monthly meeting is held with the FFA's and DCFS staff to share strategies and plan events to further recruitment efforts. She further informed that when a training/orientation is not available, it has not been a practice to refer interested foster families to FFA's; however, this will be a practice implemented.

April 28, 2014

Presentation: Update by the Department of Children and Family Services (DCFS) on the Strategic Plan, and Katie A.

Presented by: Fesia Davenport, Chief Deputy Director

Subject: Ms. Davenport was unable to present an update on the DCFS Strategic Plan as this topic will be before the Board on May 13, 2014, instead her presentation revolved on the status of the Katie A. Settlement.

The Katie A. Settlement is a class action lawsuit agreement between foster children and the State and County. The lawsuit prompted the County into evaluating the mental health needs of children in the child welfare system. The County exiting the lawsuit is conditioned upon meeting certain criteria. The exit conditions comprise of three components:

- Katie A. Strategic Plan (Plan)
- Improved Quality Service Reviews (QSR)
- Meeting Katie A. Outcome Measures

Katie A. Strategic Plan

Mark Miller, Assistant Division Chief, DCFS Katie A., Coordination reported the following:

Katie A. Settlement Agreement (Agreement) is overseen by the federal court. An Advisory Panel of experts in the areas of mental health and child welfare act as overseers to the County's Agreement. The original settlement was made in 2002, with various iterations since. In 2011, the State settled their portion of the Agreement.

The County's Agreement focuses on implementation of key strategic initiatives associated with meeting mental health needs of children along with outcome indicators and the QSR's. The States Agreement aligns with the County's and adds continuity of mental health funding.

- The Plan includes early mental health screening and assessments. A commitment of resources from the Department of Mental Health (DMH) and DCFS was made to institute the use of a mental health screening tool and the implementation of Coordinated Services Action Teams (CSAT) located in the regional offices to ensure

that every child is screened for mental health service needs. In addition, DMH staff has been co-located in the DCFS regional offices.

Greg Lecklitner, DMH District Chief reported the following:

- In 2003, approximately 3% of DCFS open case population received mental health services. In 2012, over 70% received mental health services. This significant increase is partly attributed to additional mental health funding and co-located DMH staff in DCFS offices. Approximately 85% of youth are screening positive on the mental health assessment tool and are referred to the DMH co-located staff. As part of the screening process, the DMH co-located staff determines the acuity of the mental health need and categorizes as acute, urgent or routine need. The referral process moves those with acute and urgent needs to a priority status.
- Mr. Miller explained that the funding of mental health services is a significant part of the State's Agreement, allowing access and flexibility with the funding of services while the children and youth are in the child welfare system and beyond. A major component of the Plan is the improvement of practices in the way Social Workers collaborate with community partners and the families and communities served. There is strong emphasis on training, coaching, and supervision to front line practices. The Plan includes increased access and evaluation of the quality of practices without disconnecting the work and caseload conditions of staff.
- Mr. Lecklitner responded to questions posed by the Commission and explained that there are two screening tools; one designed for children aged zero to five, and the other tool for children five years of age and older. Due to the nature of the DCFS population, emphasis was focused on zero to three and zero to five age ranges. Over the last few years there has been a significant improvement in the ability to identify the mental health needs and services available to this young population. There are a number of Evidence Based Practices implemented for the zero to five population including Parent Child Interactive Therapy (PCIT).

Mr. Miller continued the presentation reporting the following:

- A referral tracking system was implemented to track the timeline from initial point of contact to referral and linkage to services. Tracking reports are provided to the Katie A. Advisory Panel and the Board three times a year.
- Efforts towards the expansion of Wraparound Services are ongoing. The current Agreement requires that 3,000 active Wraparound slots be kept; currently there are approximately 2,200 youth receiving Wraparound Services. Additionally, discussions are underway with the State pertaining to the implementation of Treatment Foster Care (TFC). TFC is a higher level of foster care with a specific mix of services and supports to meet the mental health needs of children or youth in a foster care setting. The current Plan calls for a benchmark of 500 TFC slots. The challenge in meeting this standard is in part due to recruitment and the retention of providers as well as funding. To address this, DCFS has been working with the State to obtain increased application of mental health funding for key aspects and

services to recruit and retain TFC providers. Currently there are approximately 115 to 120 TFC slots.

- Mr. Lecklitner added that the State established two new mental health services for children with more intense mental health needs. The new services include Intensive Care Coordination (ICC) and Intensive Home-based Services (IHBS). Children identified as having a more intense level of need are placed into the Katie A. Subclass and are eligible for these new services. Subclass members include children in Group Homes and those receiving Wraparound and TFC services. The State requires counties to submit semi-annual reports indicating the number of youth receiving ICC and IHBS. Los Angeles County reported less than 100 youth receiving these services in its first report to the State; the most recent report due in June of 2014 indicates that approximately 1,700 DCFS youth are now receiving these services. The State has been working with consultants to define and determine how TFC will be paid for. TFC is an alternative to Group Home Care and involves a treatment team in place with a foster parent being a member of this team. Part of the issue in retaining TFC parents is limited funding. The State will be issuing a manual towards the end of 2014 instructing counties on the implementation and funding of TFC.

Improved Quality Service Reviews (QSR)

- Mr. Miller explained that a QSR is one of the key components of the County's exit criteria from the Katie A. class action lawsuit which speaks to the overall area of practice for DMH and DCFS. Exit conditions require achieving a score of 85% on the status indicators and 70% across time in the area of Engagement and Teaming. All of the DCFS offices have completed a QSR at a baseline level. The recent QSRs show strong results in the area of Engagement.

In response to questions posed by the Commission, the presenters responded with the following:

- Mr. Lecklitner explained that there are approximately 10,000 providers with various mental health credentials in the County. During fiscal year 2012/13, 14,000 youth received an Evidence Based Practice out of the 24,000 youth in DCFS system. In addition, the access and quality of services has improved, partly attributed to the Mental Health Services Act Prevention and Early Intervention Program.
- Brian Bruker, DCFS indicated that the QSR sample sizes are relatively small consisting of 10 to 12 cases for each regional office. The cases are randomly selected based on certain criteria including age and length of time in care. The age groupings are; 0 to 5, 6 to 15 and 16 to adult.
- Ms. Davenport explained that a report- back will be provided on support services for youth preparing to exit the child welfare system and the determination of needed Supplemental Security Income (SSI) benefits at a future Commission meeting.
- Director Browning added that the QSR reviewers are composed of a DMH and

DCFS staff member with a Katie A. Panel Member frequently participating. During the review, the need for future SSI benefit for youth with severe mental health conditions would be identified. However, a closer look at the mental health assessment tool will be done to determine whether SSI need should be added to the assessment tool.

Mr. Bruker added that the assessment tool has Preparation for Adulthood as an indicator.

- Director Browning explained during a recent meeting with DMH Director Marvin Southard and other county directors, the funding issues with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) were discussed. The consensus was that there should be additional resources for the mental health component of EPSDT. A meeting with the State is forthcoming.
- Mr. Lecklitner explained that realignment has decreased funding for mental health services. There were no additional funds for the newly required ICC and IHBS for Katie A. subclass members. The California Mental Health Directors Association has submitted a complaint to the State on this unfunded State mandate. Existing funds are being used to provide these required services.

Meeting Katie A. Outcome Measures

- Mr. Miller explained that the original Katie A. Settlement Agreement established 7 Permanency and 3 Safety measures with a minimum requirement for each area. Over the past three to five years, all performance indicators have been met. Work is being done with the State to improve the tracking and reporting of abuse in out-of-home care. Currently, the measure of Reunification within 12 months indicator is not being met. Practices in the area of reunification are being closely examined to ensure safety and continuity of services for the youth.

May 5, 2014

Presentation: Department of Children and Family Services on the Child Protection Hotline and Differential Response Services.

Presented by: Roberta Medina, Deputy Director, Bureau of Specialized Response; Eric Marts, Deputy Director, Contract Services; Marilynne Garrison, Division Chief, Community Based Support; and Corey Hanemoto, CSA III Program Manager, Community Based Support

Subject: Ms. Medina reported on the Child Protection Hotline's (Hotline) call volume differs from referrals generated through the Hotline, and provided statistics from Annual Call Volume 2004 through 2013, hotline calls answered, and referrals processing time.

Fesia Davenport, Chief Deputy Director, reported on the following:

The Auditor Controller's review of the Department of Children and Family Services' (DCFS) Trust Funds was submitted on April 30, 2014. The review pertained to the

management of the trust funds and compliance with the County Fiscal Manual (CFM) and other requirements. The review conveyed that as of September 30, 2013, DCFS had approximately \$20.7 million in 12 trust funds. In the review, the Auditor Controller recommended the following areas of improvement:

- DCFS needs to work more collaboratively with the Child Support Services Department (CSSD) and the State to determine the accurate Child Support Trust Fund balance (CSTF).
- Work with County Counsel to properly disposition the \$1.1 million CSTF reconciliation variance.
- Resolve trust funds balances related to terminated cases, and implement procedures to ensure trust fund balances are disbursed timely when beneficiaries leave the Department's jurisdiction.
- Resolve the system limitation issues, and ensure that Social Security Administration payments are separately tracked for each child. If the system limitation issues cannot be resolved timely, the Department should allocate resources to manually determine the Social Security Administration balance for each child.
- Ensure trust fund interest earnings are correctly allocated to beneficiaries and included in their detailed subsidiary records.
- Ensure unused interest and benefit amounts returned to the Social Security Administration are accurate.
- Require staff to reconcile detailed subsidiary records to eCAPS monthly, and resolve any reconciling differences timely.
- Ensure Supplemental Security Income funds are utilized to benefit eligible children.
- DCFS management work with the Chief Executive Office and County Counsel to determine the proper course of action for the Wraparound Program Trust Fund balance.

Presentation on the DCFS Hot Line by the Department of Children and Family Services on the Child Protection Hotline and Differential Response Services.

- Roberta Medina, Deputy Director, Bureau of Specialized Response
- Eric Marts, Deputy Director, Contract Services
- Marilynne Garrison, Division Chief, Community Based Support
- Corey Hanemoto, CSA III Program Manager, Community Based Support (14-2016)

Ms. Medina reported on the following:

The Child Protection Hotline's (Hotline) call volume is differentiated from *referrals* generated through the Hotline.

Annual Call Volume 2004 - 2013

A gradual increase in call volume occurred in 2012 through 2013; starting with a 7% increase in 2012 followed by a 6% increase in 2013. Over 200,000 calls are taken in any given year. The three primary factors for increases in call volume are:

1. Seasonality - calls increase in October, March and June
2. Community outreach and training on mandated reporting of child abuse or neglect
3. Legislation

In 2010 and 2013, peaks in call volume occurred which were attributed to media exposure. Ms. Medina explained that media exposure may be positive or negative and can be related to reports of either domestic or gang violence, and not specific to DCFS. Additional increases of calls from schools are also noted to occur during school break times and afterschool. Recently, it has been noted that there has also been a peak in calls from law enforcement agencies.

Monthly Referral and Call Volume

- Sixty percent (60%) of calls into the Hotline result in a referral. Referrals may require immediate response, 5-Day Response or Evaluated Out (E/O) and referred to another agency. Currently approximately 40 percent (40%) of calls are Evaluated/Out.

Hotline Calls Answered

- Approximately 18 percent (18%) of incoming calls are for information only and 7 percent (7%) consultation requests. These types of calls do not result in the issuance of a referral. Calls categorized as "Other" account for 28 percent (28%), this includes inquiries on a court date or requests for the name of a Social Worker.
- Additionally, there is a call-back system that provides caller identification in order to call back callers who may hang up or be disconnected from the line. Supervising staff and permanent staff are used to shift staff to needed areas.

Referrals Processing Time

- The time frame in which a referral is expected to reach a regional office is within two hours. Currently, the majority of these calls are processed within 100 minutes. Most of the incoming calls from law enforcement agencies are expedited for immediate response. The Hotline is open 24 hours a day, 7 days a week. Calls referred outside of regional office hours are considered

"Afterhours calls."

- These calls are received into the Hotline after 4:30 p.m. and are referred to the Emergency Response Command Post.

Ms. Medina responded to questions posed by the Commission with the following:

- In terms of Social Workers accompanying other agencies on investigations which it is determined that a child may be involved, the Multi-Agency Response Team (MART) works in collaboration with federal, state and local law enforcement agencies to provide emergency protective services to children identified in homes associated with illegal activity.
- Additionally, an Emergency Response Team located in each of the regional offices may assist other agencies on investigations in which a child may be involved. Hotline calls received from the Department of Health Services (DHS) typically are when a child is hospitalized; the DHS works with the hospital's Social Worker in conducting an investigation.

- Calls received from various agencies reporting a parent that is mentally unstable, are expedited. DCFS Social Workers independently visit the home and collaboratively work with the reporting agency on the investigation.
- The Hotline protocol includes the Structured Decision Making Tool (SDMT) that provides special attention to younger children and those with additional concerns. Hotline staff also reviews the history of the family when evaluating the call. In addition, referrals to regional offices undergo a secondary review that includes evaluating any prior referrals as well as the family's involvement with other agencies.
- There is fluctuation in call volume during school holidays and summer breaks. Approximately 200 to 250 calls are received on the weekend.
- The Department is conducting outreach to schools to provide education and training on reporting suspicion of child abuse and neglect.

Mr. Marts reported the following on Differential Response (DR):

- The new Prevention Aftercare Contract includes community outreach on behalf of the Prevention Agencies to inform the community of available resources.
- The DR Model has three paths. DR Path No.3 is most similar to the child welfare system's traditional response in which a case is open upon substantiating child abuse or neglect allegations. DR Path No. 2 is chosen when allegations are inconclusive or unsubstantiated however, alternative response services are provided to the family. DR Path No.1 involves a community response when a family is referred to child welfare and the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. DR Path No. 1 has not been implemented in the County. Currently efforts are underway to develop the DR Model. A new Model is being considered based on feedback from Casey Family Programs and other jurisdictions with strong DR Programs. Feedback indicated that the success of this new Model is based on the family's perception of the child welfare system and the Social Worker as a supportive person and not threatening. Currently, research is being conducted to address legislative challenges with implementation of this Model.

The Presenters responded to questions posed by the Commission with the following:

- Mr. Marts explained that the new Prevention Aftercare Contract expected to release in January of 2015 includes Differential Response Path No. 1 to be conducted through contracted agencies that provide Preventions Services. Referrals generated through the Hotline, would be evaluated out to these agencies.
- Unsubstantiated cases are targeted in the new contract due to a significant number of unsubstantiated cases returning to the system for a second or subsequent referral.
- Mr. Hanemoto added that the current Hotline practice includes the Hotline Worker working with families to determine whether community resources may be

beneficial. If the family agrees to voluntary services, the family is referred to the Prevention Initiative Demonstration Project (PIDP). The new Model being considered involves more in depth engagement and outreach on behalf of the Social Worker.

Mr. Marts responded to the implication of Family Preservation Providers handpicking which cases to accept and explained that the recent evaluation of providers indicated that a significant number accepted the high and very high risk cases.

May 19, 2014 (No Quorum)

Presentation: Department of Children and Family Services on the Title IV-E Waiver Budget

Presented by: Cynthia McCoy-Miller, Senior Deputy Director, Bureau of Finance and Administration; and Rogelio Tapia, Departmental Finance Manager III, Fiscal Operations

Subject:

Presentation: Update by the Commercially Sexually Exploited Children Workgroup (CSEC) on prevention and awareness efforts of the domestic sex trafficking of children and youth.

Presented by: Commissioner Susan F. Friedman

Subject:

June 2, 2014

Presentation: Closure of the Juvenile Dependency Court's Mediation Services and Parents Beyond Conflict Programs

Presented by: Colleen Friend, Ph. D, LCSW, Director of California State University Los Angeles (CSULA) Child Abuse and Family Violence Institute

Subject:

Colleen Friend, Ph. D, LCSW, Director of California State University Los Angeles (CSULA) Child Abuse and Family Violence Institute provided a brief history of the Juvenile Dependency Court 's Mediation Services and reported the following:

- Juvenile Dependency Court recently closed its Mediation Services and Parents Beyond Conflict Program at the end of May. Mediation has a 90 percent settlement rate and research has shown a reduction in trauma for children by not subjecting the child to testifying. Mediation Services give families a voice and a sense that they are heard. Families acknowledge that there is a need for change which facilitates cooperation with the case planning. There have been no cases that have come through Los Angeles County Mediation Services that involve a subsequent child fatality or re-injury.
- Juvenile Court Judge Amy M. Pellman authored a letter to Judges David Wesley, Presiding Judge of the Superior Court of California County of Los Angeles and Carolyn Kuhl, Assistant Presiding Judge expressing deep concerns about the elimination of these services. Several Judicial Officers at the Edelman Children's Court and Alfred J. McCourtney Juvenile Justice Center signed this letter. Juvenile Judge Michael Nash is working towards restoring these services.

It is recommended that Sherri R. Carter, Superior Court Executive Officer/Clerk be included in any correspondence on this matter.

- The Parents Beyond Conflict Program is a five week program for parents that demonstrate anger management issues in the courtroom. The Program teaches the parent appropriate behavior and effective ways to communicate and solve problems to minimize any negative effects on their children.
- Ivy Carey of the Children's Law Center clarified that the decision to close Mediation Services and the Parents Beyond Conflict Program was not made by Judge Nash. She also suggested Sherri R. Carter as a person to be in contact with regarding the restoration of these services. There has been an impact to the courts with the elimination of Mediation Services in the length of time it takes to reach disposition.
- The Commission recommended providing a cost savings analysis that supports the restoration of these services. Commissioner Cooper explained that the Superior Courts have undergone severe budget cuts over the years. Several hundreds of court employees have been let go and facilities have closed. Courts are now grossly underfunded. The Court System was previously funded through the counties and then moved to State funding.
- The Commission requested Dr. Friend to provide facts supporting the efficacy of Mediation Services.
- Commissioner Cooper agreed to do research on this closure and asked if other Commissioners were interested in this initiative. Commissioners Curry, Kamlager and Vice Chair Friedman volunteered

June 16, 2014

Presentation: Presentation by the Visitation Workgroup

Presented by: Helen Kleinberg, Commissioner; Ann Franzen, Commissioner; Geneva Berger, Commissioner; Sylvia Drew Ivie, Executive Liaison to Commission (presenting on behalf of Shield's for Families); Bill Bennett, Grace Resource Center; Deborah Davies, Friends of the Family; Muzeyyen Balaban, DCFS; Shawn Prokopec, DCFS; Kathee Saito, DCFS

Subject: Update on activities of the Workgroup

- Family Visitation Guidelines were developed by a Court Task Force in 2006 but never adopted by DCFS due to lack of resources. Commissioner Franzen shared that efforts were made by CCF to engage the faith-based community as a resource for improving visitation.
- Visitation is critical to maintain while children are in and out of care. Ensuring that visitation occurs on a regular basis allows children to be able to focus with their caregivers on learning social and emotional development. More than 30 percent of children under DCFS supervision are under the age of four.

- Removal of children from their parents or caretakers and placed in out of home placement is based on the court's finding that the home is an unsafe living environment; consequently, removed children, especially very young children are exposed to new damage. This damage is emotional and developmental often filtering into other areas.
- The importance of bonding and attachment is critical in the development of infants, children, pre-teens and teens. Every young child may have a different understanding and reason for being removed from the care of their families and may lack the range of maturity and coping mechanisms to deal with separation and loss
- . Research shows that when the attachment is taken away, future development into adulthood can be traumatic. Additionally, young children with unhealthy attachments are at much greater risk for substance abuse and depression later in life. Healthy development is critical for infants and toddlers as well as children of any age. Visitation is a necessity for families to reunify permanently.
- Commissioner Kleinberg emphasized the importance of visitation in relation to a child's well-being. Additionally, children and parents that are separated from each other often experience anxiety wondering about what is happening to one another. If the goal is reunification, then bringing the parents and children together in a productive way must be considered. Currently visitation exists across the department in multiple ways with various people facilitating reunification. Visitation efforts of DCFS and agencies will be presented.

Chair Berger distributed a sheet with data and presented the following:

- In the past, visitation between parents and children was a standard child welfare practice with social workers checking on whether parents visited their children in out of home placement. Within the last ten years, the Courts became involved and began ordering visitation at certain intervals. Currently, there is no data available on the number of children that have court ordered visitation. DCFS administrators have indicated that most children in out of home placement have visitation, however it is not definitive due to lack of data tracking.

Commissioner Kleinberg added that an issue is whether there is a court order for monitored visitation. In the past, many families were allowed unmonitored visits because there were no issues of safety found. In the present day, it appears that most of the cases require monitored visitation; however, the number is unknown.

- Approximately 20 years ago, during the time the Child Welfare Services/Case Management System (CWS/CMS) was designed, court ordered monitored visitation did not exist. Monitored visitation was requested by Social Workers only if there was a specific threat or potential of kidnapping present. These situations were rare and never included as a data element in the CWS/CMS system.
- The Workgroup is seeking data on the amount of court ordered monitored visitation in order to evaluate how visitation is working and whether reunifications

increase or decrease relative to visitation. The following general information on reunification known is the following:

- Data on reunification by Service Planning Area (SPA) indicates a decrease in reunification from 2010 to 2013.
- Reunification for children zero to two years of age by placement type shows that this population accounts for approximately 20 percent of the total reunified from 2008 through 2013.
- Commissioner Kleinberg added that research indicates that visitation when administered correctly promotes reunification. Additionally, a great volume of visits must occur and the required monitoring should be liberalized. The assumed present situation is that the majority of visits are monitored and there is little liberalization occurring.
- Social workers are reluctant to liberalize visitation unless the court stipulates. The Court leaves the determination to the Department on the level of monitoring for visitation.
- There is approximately a 12 percent rate of reunified families that re-enter the child welfare system. Re-entry causes multiple traumas for the child. The Workgroup is looking at how to create a system that supports families and resources that allow families to select the type of visitation they want and subsequently prevent re-entry. Based on the percentage of reunified young children, focusing aspects of visitation on younger children should be considered.

Sylvia Drew Ivie presented the following on behalf of Charmaine Utz, Visitation Manager for Shields for Families (Shields):

- Shields services the Compton, Vermont and Wateridge DCFS areas providing visitation services. Shield's visitation model utilizes interns for conducting visitation and work through liaisons in each of the three centers. Faith based support services are not used and sexual assault or severe mental health cases are not accepted; however, domestic violence cases are served.
- Children's Social Workers (CSW) refer visitation requests to the DCFS liaison who contacts Shield's visitation manager. Requests are answered within 48 hours and served on a first basis. Visitation is scheduled two weeks in advance; however changes frequently due to timing conflicts with the parents.
- During the first two years of the visitation program, referrals were at a high of 195 in year one and 233 in year two. After the second year, Shields lost their AmeriCorps volunteer and struggled managing the program with the absence of this coordinator.
- Family visits average between three to four visits with one to one and half months' time in between each visit. Ms. Utz speculates that lack of communication between social workers and families and missed visitation

meetings may be reasons for the length of time between each visit. Although DCFS liaisons have been identified, it is difficult to reach them.

- Visitation interns come from California State Universities of Los Angeles, Dominguez Hills and Long Beach. Their training is one day and usually conducted with three to seven interns.
- After visitation occurs, a printed report on the visit is provided to the social worker.
- Office staff is also available for monitoring and space is provided to DCFS to conduct visitations. Families are oriented to become familiar with the site and procedures and do not undergo a pre meet.
- Shields is concerned that visitation staff is not included in the case termination process and are only aware when the parent and child stop attending visitation. A challenge has been the lack of communication between the family and DCFS.
- Parents have communicated appreciation of the ability to meet in a different space other than a DCFS office and prefer a private setting for visitation.

Susan Kaplan, Friends of the Family (FOF) provided an overview and background of their prevention and visitation programs and presented the following:

- In 2009, Supervisors Antonovich and Yaroslavsky asked FOF to help develop a safe child custody exchange program for initially SPA 1 as the mentor agency on the prevention initiative. The Safe Custody Exchange Program dealt with trying to have safe exchanges for families under domestic court jurisdiction and unable to exchange their children peacefully without consequence to the child. FOF was asked to partner this initiative with a robust family visitation program for both SPA's 2 and 1. These initiatives were proposed to Inter-Agency Council on Child Abuse and Neglect (ICAN) for financial support and subsequently funded with AB 2994 funds in 2010.
- As a result of the dedicated funding in 2010, the visitation program was established servicing SPA's 1 and 2 with two year contracts costing approximately \$120 thousand annually. The most recent contract was renewed in 2014.
- FOF is advocating for a public/private partnership throughout the County in order to implement robust family visitation centers. FOF does not use a monitor based visitation model and uses a coach based model for visitation that is a community led and situated approach closely aligned based on national literature showing timely and successful reunification.
- There are three faith-based sites in which visits take place with approximately 30 visitations scheduled ranging from two to three hours every week. This results in a number of visits and coaches at scale. Cohorts of 40 coaches have been trained with active coaches ranging from 28 to 35 at any particular time.

Coaches receive an initial 24 hour training module followed by weekly telephone supervision and guidance from a program coordinator. Coaches are brought together on a quarterly basis to provide support and connections. This model dedicates full time staff towards the development and support of faith-based visitation sites. Developing faith-based visitation sites is a costly endeavor that requires a great deal of support and time. This model develops efforts towards recruiting volunteer coaches from faith-based congregations and the community while providing coach training and support. FOF staffing includes a full-time coordinator,

half-time Master of Social Work (MSW) to handle more complex cases and coaching, and project direction staff to augment training and support. In addition, the model addresses some of the logistical and operational issues including the Memorandum of Understanding (MOU) between the community-based organization and faith-based site and some insurance matters.

- FOF believes that all families mandated or recommended for Family Visitation can benefit a great deal more from family coaching than monitored visitation only.

- FOF is the lead agency for both the Prevention Initiative Demonstration Project (PIDP) that is funded by DCFS and the Family Support Contract in SPA 2 and additionally have contracts with Department of Mental Health (DMH). Approximately, 60 percent of revenue is from being lead agency with County Departments and 20 percent from Program/Services contracts; where FOF is subcontracted by another agency to fulfill a certain percentage of work. The remainder of the revenue is donor supported.

Commissioner Kleinberg added that although there are churches interested in becoming a family visitation site; it is very difficult for small churches to implement due to the many logistical challenges smaller churches face. Many churches may be detoured from having to go through a lengthy contracting process. Since, FOF makes the contract churches are alleviated from having to undergo the lengthy process involved with county contracts.

Deborah Davies, FOF added that funding received is spread thinly for both the Family Visitation and Safe Custody Exchange Programs and presented the following:

- FOF has been in business for 43 years and has extensive experience working with parents; many of these parents who come to FOF for resources or services are mandated to do so. Often times, these parents have expressed that there is little time provided to visit with their children. The faith-based Visitation Centers provide a less intimidating and more comfortable place for families to engage with their children. The centers are created to be a comfortable environment and two of the centers allow the family to cook and eat a meal together. Parents get to replicate the tasks they would be doing once their children are returned home and practice skills developed from the classes and services they have received. Research has shown that

visitation is the greatest predictor for reunification. FOF worked closely with DCFS partners to address any safety concerns and requirements involved with using volunteer monitors.

- Coaches build a relationship with the family and get support from other coaches. Families are involved with a Visitation Center an average of six months to a year. Coaches are selected and matched with a family keeping this time frame in mind to ensure the coach remains with the family throughout the process.

Commissioner Kleinberg added that the lengthy training requirement for volunteers confirms their level of commitment as a volunteer.

Kathee Saito, DCFS presented the following:

- The DCFS San Fernando Valley Office became involved in the visitation initiative approximately seven years ago when the office conducted a series of focus groups to ask clients, the community, contracted providers, staff, and other County departments what they felt were barriers to positive outcomes and to identify strategies to improve outcomes for children. There were 13 focus groups with over 300 issues identified and recommendations developed and prioritized. Two of the recommendations were presented to the DCFS Executive Team. One of the recommendations being community-based family visitation centers. Research findings indicated that visitation was the key to facilitating and expediting reunification.

- Through the Strategic Planning Workgroup, we learned that there are various models of visitation used by the Department. Each office uses a different type of model. FOF was instrumental in supporting SPA 2 in visitation efforts.

- The DCFS Chatsworth office had interview rooms located in the lobby used for visitation as well as a children's room visible to staff and people passing by. These areas were heavily trafficked and did not provide any privacy for the family to visit. Visitation conducted in a family friendly community site has improved the quality of visits for parents and their children. Positive feedback has been received from parents thanking staff for creating a Visitation Center and expressing that visits conducted in an office was an artificial way for parents to spend time with their children.

- Often times, children experience and relive trauma from having visitation conducted in the DCFS office where they were initially detained.

- FOF coaching model provides a different level of support for parents that would not have been present in a monitoring setting. The coaches help model appropriate parenting.

- Working with FOF has changed the way families are engaged and highlighted the importance and value of community partnerships. This client, community and staff partnership has truly made a systemic change and strengthened the Department's ability to meet its primary mission and goals.

Bill Bennett, Grace Resource Center (GRC) presented the following: □ FOF has been instrumental in helping develop GRC's visitation program. The model used by GRC is a parent coaching approach. This approach was preferred over monitoring because it provides training and parent coaching, which allows investment in the lives of parents. GRC helps people thrive not just survive. Every effort is made to link parents with other organizations that will help in developing parenting skills. GRC recently initiated parenting classes with many of the participants being part of the family visitation program.

- The City of Lancaster has provided city owned neighborhood houses where visitation is conducted in a home setting. Families are able to cook and spend time in a much more natural family setting.

Muzeyyen Balaban, DCFS presented the following: □ Visitation initially was placed on the DCFS Strategic Objective as a smaller scope objective, to have visitation centers in each of the regional offices offering a safe environment for children and families to visit. Visitation is one of the best indicators of reunification. Visitation also assists with minimizing trauma and consequently mental health needs and challenges associated with trauma.

□ Initial Visitation work indicated that there were several parallel visitation processes being used among the Visitation Centers, Agencies and faith based communities conducting visitation. Commissioner Sunny Kang

participated with the Visitation group's efforts providing his faith based community experience. It was decided that the initial focus would be to organize each of the DCFS offices and work on the technical tasks such as the operational agreements and development of a Visitation Manual. The Manual is near completion and only pending the finalization of the operational agreements. Additional findings have shown other models used by faith based communities similar to the approach of Friends of the Family in which they have taken a lead role on Visitation. Some of these groups have been trained with the coaching model and have full time staff in place to provide services that the agency model does. Resources are a challenge for some of the faith based communities and not feasible for them to conduct the same level of work. Some of the faith based communities are not able to meet the insurance requirements to conduct Visitation. At this point, the Visitation Workgroup has done the following: 1) created the Manual to be used by the regional offices and a framework of how to create and maintain a Visitation Center; 2) continue to work on the operational agreement which is near finalization, and 3) defined roles of the liaisons and determined how these lead roles will be identified and funded.

Commissioner Kleinberg added that the task of scheduling visits is a major endeavor for the liaisons due to the number of families participating in Visitation and challenges with timing as well as the foster families' willingness to have the child participate in Visitation. Shawn Prokopec coordinates the scheduling in her office in addition to her other duties. There is currently no staff dedicated for scheduling visitation, DCFS office staff assists where they can.

Ms. Balaban agreed that scheduling is a major challenge and added that an achievement of the Workgroup is the facilitation of the live scan and screening of visitation monitors being conducted through the Department of Human Resources. Previously, screening of monitors was conducted through each of the offices. Now, monitors and volunteers from the faith based communities will be able to undergo screening and clearance through a centralized location. The training piece is still under development. Shawn Prokopec has developed some basic monitor based training not as extensive as the training conducted by Friends of the Family. The idea is to start with basic training and as monitors are retained develop different trainings to be able to engage and maintain the monitors. The Workgroup also looked at standardizing the visitation process including coordinating the logistics prior to the visitation meeting in order to minimize some of the issues that prevent visitation from happening. Efforts are underway to establish a process that includes the pre-meet family, monitor, social worker and supervisor going over the guidelines and expectations involved to ensure that everyone is on the same page. As visits are happening, periodically meet with all the parties involved to ensure that everyone is aware of what is going on with the family and visitation. Additional work is being done with Business and Information Systems

(BIS) to automate some of the forms and putting some of the information in a current database with the intent of creating a visitation database in order to track visitation. Currently, information on visitation relating to canceled visits, reasons for canceling visits and the agency/faith based visitation environment in general is not available. There is not a clear understanding of the number of families that successfully exited after going through visitation and those who were unsuccessful.

□ Other offices that did not have Visitation Centers were also engaged. Currently, all offices are on their way or have a faith or agency based Visitation Center in place. The hope is to continue the process of standardization and ensuring that parallel processes are being done with all of the models that exist in the communities and the department.

□ Visitation meetings held in the office are monitored by social workers or human services aides (HSA), and may be any type of case, including severe cases. Visitation conducted through the faith based communities are monitored by volunteers and are not able to monitor certain type of cases that involve sexual abuse, severe and active domestic violence, severe mental health, and/or substance abuse. Cases involving domestic violence and/or substance abuse are referred to faith or agency based visitation centers if there are no issues of safety found by the screener and DCFS liaison.

Commissioner Kleinberg clarified that the HSA and social workers are handling the most difficult cases. The HSA training needs to be evaluated. Currently, there is no data on the number of visitations conducted in the DCFS offices. Offices have communicated that they are overwhelmed and have had to send some cases to other offices for visitation. Areas that need to be addressed include identifying the needs of a case based on the level of severity, determining the type of trained person to service these cases, and the types of coaches and monitors needed to cover families served by DCFS.

Commissioner Kang added that in some cases the HSA has been able to monitor the visit utilizing a faith based visitation center. There are situations where the HSA or social worker can conduct the visitation in a community setting that is far more conducive to a family environment

Shawn Prokopec, DCFS presented the following:

□ The Strategic Planning Workgroup was initiated to look at the funding aspects of Visitation. The Department wanted to look at ways of getting the community involved with a Visitation Center in a non contractual way. In the event that funds are no longer available, the community based visitation centers would remain in place for families to go to and feel supported and connected during their case. When cases end, families will have continuity of support and connections within their communities. In starting the strategic planning, it was learned that various types of visitation centers existed which include:

- Centers organized and run by the contract groups;
- Faith based centers with church member volunteers trained by DCFS. The visitation takes place at a site located at the church with a church member as the monitor. This model is the type of visitation centers organized by Shawn Prokopec.
- Centers located at a space donated by the church with DCFS as the monitors. This model is similar to Commissioner Kang's example.

□ As efforts are underway to increase the number of faith based visitation centers, in which communities take responsibility through empowering their communities to keep families together by working with them; there are obstacles faced. Some of these challenges include difficulties with volunteering. The level of involvement required with visitation volunteers is not for everyone. It is a large time commitment. The liability involved with community-based visitation is a challenge. The County's Chief Executive Office Risk Management Division looks at the risks involved with having visitation conducted with communities providing the service. Many of the churches within the SPA's do not have the financial resources to meet insurance requirements. Efforts are currently stuck trying to resolve the insurance obstacle.

□ Discussions have occurred to have agencies such as Friends of the Family contracted to take on the visitation training, coordination and scheduling. It is difficult for DCFS offices to maintain the work involved with visitation. Recruiting, training and coordination of visitation are done in spare time as these tasks are no longer a job dedicated function. Having paid individuals dedicated for visitation makes it much easier to recruit, train, engage and keep volunteers.

□ A dual process is currently in place. Although, the community agency process is encouraged, the department must also find a way to continue cultivating faith based involvement to develop more centers that will maintain whether or not funding is available.

Commissioner Kleinberg stated that a lot of work has been done and there is much more to look at, for instance visitation efforts made by relatives, foster parents and group homes as well as training and whether specific pieces of basic training should be included in all training. The presentation provided is a briefing of the Workgroup's current status. The Workgroup would like to return with recommendations or possibly more information gathered. Anyone interested in joining the Workgroup is welcome. In response to questions posed by the Commission, the presenters responded with the following:

□ Ms. Balaban explained that the Workgroup is comprised of partnerships and collaborations in which Ms. Garrison who previously led the visitation office participates. The Workgroup touches approximately 15 other strategic objectives in collaboration.

□ Commissioner Kleinberg clarified that the Visitation Office no longer exists. She agreed that recruitment of churches is possible however; conducting visitation is not free for the churches and in order to develop visitation with churches, some funding will need to be provided or create a public/private partnership where the private group takes on the liability and insurance issues.

Commissioner Kang added that it should not be assumed that money is a requirement for faith based visitation, many faith communities want to participate in this initiative. There are other models that can be considered other than the public/private partnership.

- Ms. Kaplan clarified that it is not the churches directly that require funding; however, they require support and coordination, which cannot be implemented without funding. Whether the department chooses to recommend an approach

that allocates funding for DCFS staff internally to provide coordination, or come to realize that with \$1.5 million, DCFS could fund a community based agency Countywide on a full time basis for the coordination and attention that is required to develop and support faith based sites and volunteers.

- Commissioner Cooper added that visitation is critical from the position of the bench officers. In making the decision to return a child to their family, there is limited criteria they are able to evaluate in order to do this. The social worker looks at their reports to see if the family is ready to be reunited and areas assessed are whether the family has participated in the required programs as well as the family's participation in visitation. When visitation has failed during the time segment of the report, the time the family is involved with the system is extended. The Court will not order reunification until successful measurement of the different areas is present. Courts will extend reunification when visitation has failed because the parent has been unable to visit because of transportation issues or job schedules. Visitation is a key component to reunification. Transportation issues are common reasons parents are unable to participate in visitation. Courts will not order a child back unless there is a sense that the child will be safe and if the child and parent have been unable to visit for a reasonable amount of time, there is no measure of this.